

Card Applied For (check one)

720 East Wisconsin Avenue Milwaukee, WI 53202 414-665-3423

Member Number

ATM/Debit Card Application

VISA Debit Card

	ATM Card			
Applicant:				
Home/Cell Phone #:		Work Phone #:		
Address:				
City:	State:	Zip Code:		
Social Security #:		Date of Birth:		
Joint Applicant:		Home/Cell Phone #:		
Social Security #:		Date of Birth:		
to use the card to access my account I agree to notify the credit union prom code, check or passbook permitting a Notice: If you are a party to a joint ac power to use the card to make withdr incurred from use of the card, including I/We certify that this application is continuous to the terms and conditions set forth in	ts in the same manner that I of apply of any known or suspected access to this account. count, you appoint each party awals from such account, and any use by any other person automplete and true. I/We agree the ATM/Debit Card Agreement to time. I/We authorize Not with this application.	as your attorney w leach is individually thorized by any of y that retention of us nt, Electronic Funds	N to another person, he or she will be able that person has signed the signature card. opearance, or unauthorized use of any card, with power to appoint one or more agents with y and jointly responsible for any obligations you. See of the card constitutes agreement to all of a Transfer Disclosure, and Fee Schedule, and Credit Union to make whatever credit inquiries	
Signature	Signature			
	Internal	Use Only		
Date processed	Initials	Card Endi	ng (last 6 digits)	
Online Submission (Y / N)	VAU opt o	out (Y / N)	Disclosures (Online / Mail)	